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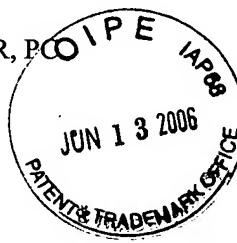
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23389 7590 03/27/2006

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(Depositor's name)

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/064,582	07/29/2002	Kenneth J. Goodnow <i>BUR920010131US1 (15054)</i>		5111

TITLE OF INVENTION: SYSTEM AND METHOD FOR CORRECTING TIMING SIGNALS IN INTEGRATED CIRCUITS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/27/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
GANDHI, DIPAKKUMAR B	2138	714-798000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input checked="" type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	<u>1 Scully, Scott, Murphy & Presser, P.C.</u>
<input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	<u>2 Michael J. LeStrange, Esq.</u>

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

INTERNATIONAL BUSINESS MACHINES CORPORATION

ARMONK, NEW YORK

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 09-045647BM (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Steven Fischman

Typed or printed name Steven Fischman

06/14/2006 MB/EYENE2 00000030 090456 10064582
Date 01 FC:1501 June 2, 2006 1400.00 DA
02 FC:1504 200.00 DA
Registration 000301 34,534.00 DA

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